

CLAIM STATUS FORM

State of Nebraska, Department of Health and Human
Services

Every Woman Matters Program (EWM)
Nebraska Colon Program (NCP)

FAX: 402-471-0913

<http://dhhs.ne.gov/EWM>



The document will be reviewed and returned within 2 working days.

PROVIDER NAME:

Name of Contact Person:

Telephone Number:

Fax Number:

PLEASE REVIEW your most recent Billing Authorization Report before sending Claim Status Requests

- ☐ EWM will not review claims that are less than 60 days from the date of service.
- ☐ PROCESSED date in the comment section represents the date processed in the EWM system.
Please allow 45 days from the "PROCESSED" date for State Warrant or Electronic Transfer to issue.
- ☐ "ELIGIBLE" in the comment section – client is ELIGIBLE for EWM services but no Screening Card has been received from Primary Physician. Services not covered until completed Screening Card has been Received.

PROVIDERS MUST COMPLETE FIRST 5 COLUMNS ...USE A SEPARATE LINE FOR EACH CPT CODE

(1) Patient Name	(2) DOB	(3) DOS	(4) CPT	(5) Billing Amount	(EWM to complete this Section) COMMENTS

To be completed by EWM Staff:

Date Received:

Date Completed:

By:

Claim Status Form Version 08/2013

This transmission may include protected health information, under the standards established per the Health Insurance Portability and Accountability Act of 1996, and Neb. Rev. Stat., §68-313. If this information has been received in error, the recipient is directed to return to sender or destroy the information and notify this office of the error immediately. Failure to do so may lead to civil or criminal penalties.